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Atrium Health Navicent
Annual Compliance & HIPAA Training

May 2021

In this course, we will cover the following topics:

- The structure and purpose of Atrium Health Navicent's Compliance Program
- The requirements of Atrium Health Navicent's Corporate Integrity Agreement (CIA)
- Your compliance related obligations, and your responsibility for compliance as an Atrium Health Navicent teammate, medical staff member or associate
- Patient's rights to privacy under the HIPAA Privacy Act
- How to identify Protected Health Information and the PHI identifiers
- How to protect the patient's privacy and how to properly dispose of PHI
- Determining what not to post on social media
- How to identify what a breach is and how it is reported to the Compliance Officer

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Why Do I Need Training?

- Our contracts with government payers and Atrium Health Navicent's Corporate Integrity Agreement (CIA) require all teammates, medical staff members, and associates to participate in **annual training** about the compliance program, fraud, waste & abuse, and other compliance-related concerns

- You are our first line of defense in preventing and detecting non-compliance

- You are responsible for compliance in your daily work for Atrium Health Navicent

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Why is a Compliance Program Needed?

- The compliance program is a resource to assist you in maintaining compliance as you carry out your work for Atrium Health Navicent.
- Maintaining compliance in the fast paced, highly regulated, healthcare environment takes focused attention from everyone at Atrium Health Navicent: ***it doesn't happen automatically***
- Healthcare regulations are complex and can be confusing
- To protect Atrium Health Navicent's reputation
- Being compliant with legal & regulatory requirements is the right thing to do
- Atrium Health Navicent's Compliance with Legal & Regulatory Requirements is consistent with our mission

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Why is a Compliance Program Needed?

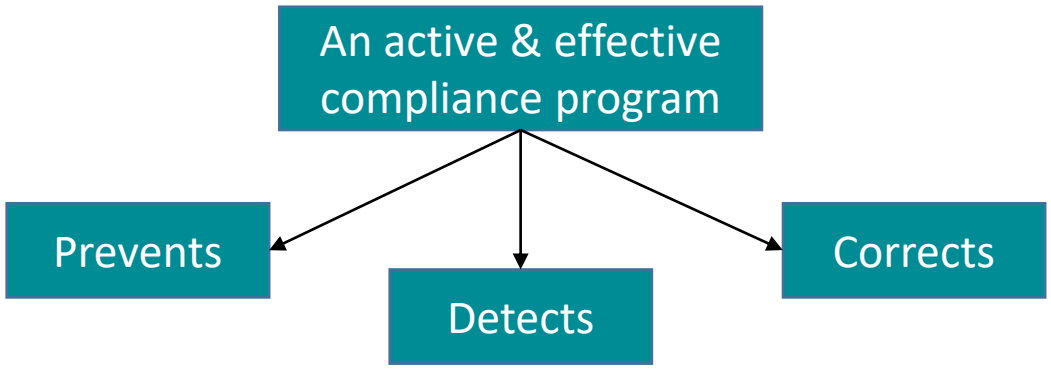
The compliance program is in place to support a culture of ***preventing, detecting, and correcting*** non-compliance with federal/state laws and regulations. The compliance program is meant to:

- Help us all to follow complex laws and regulations
- Find and correct instances of non-compliance
- Provide a place to report concerns about compliance
- Minimize financial loss caused by compliance failures
- Strengthen the public's trust in how we deliver care

The 8 Core Elements

The Atrium Health Navicent compliance program includes these ***8 Core Elements***:

1. Written Compliance Standards
2. Compliance Program Leadership
3. Compliance Training
4. A hotline for reporting suspected non-compliance
5. Annual Risk Assessment
6. Auditing and monitoring
7. Teammate & vendor screening
8. Enforcement of standards & prompt investigation and response to identified compliance failures



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Element #1: Written Compliance Standards: Policies and Procedures

Atrium Health Navicent's Code of Conduct and compliance-related policies are designed to promote understanding of & adherence to important legal requirements.

The Code of Conduct and Compliance Policies are mandatory policies of Atrium Health Navicent: where they address requirements that related to your work you are required to understand and adhere to them.

What you must do:

- Read and acknowledge the Atrium Health Navicent's Code of Conduct
- Locate and familiarize yourself with Atrium Health Navicent's Compliance Policies
- Adhere to the Code of Conduct & policies that apply to your work at Atrium Health Navicent

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How to locate Atrium Health Navicent's Compliance Policies

1. Navigate to the Atrium Health Navicent **intranet home page**
2. Click **PolicyTech**
3. Log into **PolicyTech**
4. Search for a policy or work instruction by title

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Element #2: Compliance Program Leaders

- Atrium Health Navicent has assigned responsibility for leading compliance programs to several individuals. These leaders are a resource for you if you have questions or concerns about an issue involving the compliance program, or about compliance with legal and regulatory requirements.

- Jim Rush is Atrium Health Navicent's Chief Compliance Officer. He leads the Corporate Compliance Department that has day-to-day responsibility for managing the compliance program. Jim can be reached at extension 3-2168.

- Richard Jones is the AVP of the Corporate Compliance department and helps to manage the compliance program while ensuring effectiveness. Richard can be reached at extension 3-2164.

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Element #2: Compliance Program Leaders

Other compliance leaders include:

- An **Executive Compliance Committee** made up of senior leaders at the Atrium Health Navicent system level. These leaders meet quarterly to assist with planning and implementing the compliance program.

- The **Atrium Health Navicent Health's Compliance Committee** and the **Atrium Health Navicent Board of Directors** meet regularly with the Chief Compliance Officer to discuss compliance program operations, and to review any significant areas of compliance concern.

What you can do:

- Learn how to contact the Compliance Officer or a compliance leader.
- Reach out to a compliance leader if you have questions or concerns involving compliance.

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Element #3: Training & Education

Compliance training is required for all Atrium Health Navicent teammates, medical staff members and for some contractors who provide patient care or billing & coding services. The training is designed to give all teammates a basic understanding of compliance requirements that apply to their work. More detailed training is also required for some teammates on specific compliance requirements.

Completing required compliance training is a condition of continued employment or other relationship (e.g., medical staff membership) with Atrium Health Navicent.

What you can do:

- Complete your required compliance training
- Understand the compliance requirements that apply to your work for Atrium Health Navicent.
- If you have questions or concerns, ask a compliance leader for help.

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Element #4: Reporting Suspected Compliance Failures

- Every teammate has a ***duty*** to notify an Atrium Health Navicent leader or the Compliance Officer if they suspect instances of non-compliance or failures to comply. This duty is outlined in the **Code of Conduct** and explained in Atrium Health Navicent compliance policy titled ***Internal Reporting of Possible Compliance Issues.***
- Reporting compliance concerns is a condition of employment with Atrium Health Navicent.
- Atrium Health Navicent has established a hotline to allow you to **anonymously report concerns** about possible non-compliance.
  - Atrium Health Navicent *Helpline* number is (888) 380-9008.

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Element #4: Reporting Suspected Compliance Failures

Teammates can satisfy their duty to report known or suspected violations of laws, regulations, or Atrium Health Navicent policies by reporting the concern directly to:

- A Manager, Supervisor or Department Leader;
- A Compliance Leader;
- The Chief Compliance Officer; or by
- Calling the Atrium Health Navicent Helpline at 888-380-9008.

What you can do:

- **Speak up -** Report suspected compliance failures or known non-compliance.

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Element #4: Reporting Suspected Compliance Failures

Atrium Health Navicent Policy Against Retaliation

Atrium Health Navicent has established a policy, set out in the Code of Conduct, that *strictly prohibits* retaliation against any teammate who in good faith reports a concern about suspected or actual non-compliance.

Violation of the non-retaliation policy will result in discipline up to and including termination of employment or other relationship with Atrium Health Navicent.

Preventing Retaliation

- What is retaliation? Discriminating or taking adverse actions against anyone who reports improper or illegal activity or refuses to participate in such activity.
- What would it feel like if it were directed against you?
- Preventing retaliation requires active management.

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Element #5: Risk Assessment

To ensure that Atrium Health Navicent is focused on significant areas of compliance risk, each year the Compliance Department leads a risk assessment process to *identify, evaluate and prioritize* compliance risks.

Risk assessment results are used to develop an annual Compliance Workplan – including specific steps to mitigate high priority compliance risks.

Element #6: Routine Auditing & Monitoring

- Atrium Health Navicent uses professional auditors to conduct formal ***audits*** in high-risk areas. These audits are designed to confirm that business and patient care practices are adhering to compliance requirements.
- The compliance program also includes ***monitoring activities*** that are completed by department personnel to confirm compliance within their own departments.
- When auditing or monitoring activity identifies opportunities for improvement, the compliance department works with responsible managers and teammates as needed to develop a ***Compliance Corrective Action Plan (C-CAP).***
- Managers and leaders are responsible for implementing any required C-CAPs in their areas of responsibility.

What you can do:

- Help facilitate compliance auditing and monitoring activities when needed
- Assure that Compliance Corrective Action Plans resulting from audits are fully implemented

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Element #7: Teammate, Vendor & Medical Staff Member Screening

- Atrium Health Navicent has adopted extensive screening processes to assure eligibility to work or provide services in the healthcare arena before:
  - Employment
  - Medical Staff Appointment
  - Vendor Contracting
- All Atrium Health Navicent teammates are also re-screened ***monthly*** to confirm continued qualification to work for Atrium Health Navicent.

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Element #7: Teammate, Vendor & Medical Staff Member Screening

- Individuals may be ineligible to work in a healthcare facility for a variety of reasons, including:
  - Healthcare related convictions (e.g., abuse & neglect, fraud, diversion)
  - Program exclusions (e.g., loss of license, failure to pay student loans)
  - Loss or suspension of licensure

- **What you can do:**
  - Check exclusion status before hiring, contracting or affiliating
  - If your exclusion status changes, you must notify human resources immediately.

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Element #8: Enforcement of Standards; Prompt Investigation & Response

Following compliance standards is *expected* of every Atrium Health Navicent teammate. Failure to adhere to compliance requirements may subject a teammate to discipline, up to and including termination of employment. Discipline may be applied whether the compliance failure is caused by:

- Intentional misconduct or knowingly failing to follow compliance requirements; OR
- Because a teammate just doesn't pay attention and fails to understand and follow applicable requirements.

What you can do:

- Be sure to inform yourself about Code of Conduct, Compliance Policy and legal requirements that apply to your daily work.
- If you don't understand a policy or legal requirements, ask questions.
- Follow compliance standards.

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Element #8: Enforcement of Standards; Prompt Investigation & Response

When concerns about possible non-compliance are raised – through a hotline call or in other ways – our commitment to compliance means that we take appropriate steps to ***investigate*** the concerns, and to determine the scope of any actual non-compliance.

A ***Compliance investigation*** might include:

- Interviews of witnesses
- Review of documents & emails
- Audits
- Other activities to help identify whether a problem exists, and to determine its scope

Element #8: Enforcement of Standards; Prompt Investigation & Response

- If an investigation identifies an instance of non-compliance, Atrium Health Navicent is committed to taking appropriate steps to:
  - Halt any ongoing non-compliance;
  - Mitigate or remediate harm caused by the non-compliance; and
  - Implement appropriate preventative measures so similar instances of non-compliance do not re-occur.

What you can do:

- Report potential issues
- Cooperate with investigations
- Implement corrective action plans

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Conflicts of Interest

A conflict of interest is a relationship, influence, or activity that impairs or gives the appearance of impairing one's ability to make objective and fair decisions in the performance of his/her job. Atrium Health Navicent does not wish to do business through the improper use of business courtesies, gifts, or relationships.

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Conflicts of Interest

Conflicts of Interest	Acceptable Gifts
• Use of organizational supplies for personal business	• Non-routine business meals of a nominal value for business or educational purposes
• Direct or indirect ownership of a company that is a competitor or a supplier of Atrium Health Navicent	• Promotional items such as pens, notepads, or other items of nominal value
• Acceptance of gifts (unless of nominal value) from people doing business or who want to do business with Atrium Health Navicent	• Educational business travel **WITH PRIOR APPROVAL**
• Hiring or contracting with family members to provide goods or services to Atrium Health Navicent	

Important Note

Gifts of CASH or CASH-EQUIVALENTS are NOT appropriate without prior approval

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Conflicts of Interest

Ask Yourself:

- Do I ensure that my relationships do not influence how I perform my job duties?
- Do I refrain from using business equipment and supplies for personal use?
- Do I disclose any business relationship that may be a conflict of interest to my supervisor or the Corporate Compliance department?
- Do I avoid accepting lavish gifts or entertainment from customers or suppliers?
- Do I ensure that I request reimbursement only for normal, out-of-pocket expenses incurred when serving as a speaker or member of an advisory board?
- Do I contact my supervisor or corporate compliance when I am not sure if I can keep a gift, I have been offered?

If you have questions or need to report a potential conflict of interest, please contact your leadership or the Corporate Compliance Department.

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Medical Center, Navicent Health's (MCNH) Corporate Integrity Agreement (CIA)

- In April of 2015, Medical Center, Navicent Health entered into a Settlement Agreement to resolve the Federal government's concerns that some inpatient admissions to MCNH may not have been properly documented, or for other reasons may have failed to meet criteria for inpatient admission.

- Medical Center, Navicent Health paid a settlement of $20 million to resolve the Federal government's concerns.

- The Settlement Agreement also required Medical Center, Navicent Health to enter into a Corporate Integrity Agreement (CIA) with the U.S. Department of Health and Human Services Office of the Inspector General (OIG).

Medical Center, Navicent Health's (MCNH) Corporate Integrity Agreement (CIA)

- Medical Center, Navicent Health's CIA is a contract with the Office of the Inspector General to maintain the compliance program that has been discussed in this training session.

- The CIA adds some unique requirements to the compliance program and requires regular reporting to the OIG about compliance program activities.

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Medical Center, Navicent Health's (MCNH) Corporate Integrity Agreement (CIA)

- Unique requirements of the CIA include:
  - Certifications of compliance by MCNH leaders
  - Oversight of the compliance program by the MCNH board of directors
  - Reporting to the OIG about instances of non-compliance
  - Annual reports to the OIG concerning completion of the CIA's requirements
- The special CIA obligations will last for five years, but Atrium Health Navicent's leadership & board have embraced the CIA as an opportunity to evaluate and strengthen the compliance program so it can better contribute to long-term success.

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Corporate Integrity Agreement (CIA): First Amendment

- In August of 2017, the first amendment to the original CIA was signed. This will only focus on Ambulance Billing and Claim Submission, and it will last for five years.
- The issue was “Emergent” vs. “Non-Emergent” transports being billed incorrectly.
- Claims from Atrium Health Navicent to Federal health care programs will be reviewed by an Independent Review Organization (IRO) to check the coding and billing accuracy of all Ambulance claims along with the reimbursement that is received from these claims as well.

Part II: Laws & Regulations that Govern Our Conduct as Healthcare Providers

1. False Claims Act
2. Anti-Kickback Statute
3. Stark Law
4. EMTALA
5. HIPAA & HITECH

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False Claims Act

- The Federal False Claims Act prohibits ***knowing or willful submission of false or fraudulent claims*** to the United States government for payment. Simply failing to understand and follow the published Medicare rules can also result in False Claims Act liability

- The False Claims Act can apply any time you submit a claim to any Federally funded healthcare program (i.e., **Medicare**, **Medicaid**, **Tricare**, **Indian Health Services**, or any other Federal healthcare program.)

- Penalties for violating the False Claims Act include:
  - Treble damages (3x the amount of improper claims);
  - $5,500 to $11,500 civil penalty per improper claim; and
  - Imprisonment for intentional violation

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False Claims Act

DOCUMENTATION IS KEY!

- To avoid False Claims Act liability, it is **essential** that medical record documentation be maintained to support every claim for payment to Federal government healthcare programs.
- Failure to create timely and complete medical record documentation is the ***leading cause*** of payment denials and of allegations that an organization has filed false Medicare claims.

What you can do:

- Be certain that your medical record documentation is complete, accurate, and timely.

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False Claims Act: Problem Areas

Problem Areas for Hospitals

- Missing or inadequate orders
- Observation vs. Inpatient
  - Two midnight rule
  - Appropriate Physician orders
- Same day discharge & re-admission
- Billing for mechanical ventilation maintenance
- Accurate assignment of high severity level DRGs
- Manufacturer credits for replacement devices
- Non-covered dental services
- Incorrectly billed IMRT
- IP only procedures & Incorrect units of service

Problem Areas for Physicians

- *Missing* documentation
- *Illegible* documentation
- *Incomplete* documentation
- Accuracy of E&M coding
- Incident-to and split shared
- Teaching physician services with residents & fellows
- Global surgery billing
- Improper use of modifiers (59, 24, 25)
- Supervision

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False Claims Act: Problem Areas

Problem Areas for Home Health

- *Missing or Late* documentation
- *Incomplete* documentation
- Face to face
- Skilled services
- Home bound status
- End of therapy dates

Other Examples of False Claims Related Problems include:

- Billing for tests or services that were ***not performed***
- Using an ***inaccurate diagnosis*** to obtain payment
- Performing test, service or procedures that are ***medically unnecessary***
- ***Unbundling*** – Including use of modifiers (e.g., modifier 59) to bypass claims edits
- ***Upcoding –*** Assigning an inaccurate billing code to a medical procedure to increase reimbursement
- Failure to obtain/document appropriate ***orders***
- Failure to authenticate telephone/verbal admission orders *before* discharge
- ***Falsifying a physician's signature*** on an order
- ***Double billing***

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Compliance Billing Practices

It is important that we follow compliant billing procedures. Services can only be billed when they are:

- Medically necessary
  - Supported by proper orders
- Provided by qualified individuals
- Documented
- Coded correctly
- Have not been already been billed or paid

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Healthcare Anti-Kickback Statute

The Anti-kickback Statute makes it illegal to **OFFER, GIVE, REQUEST, or ACCEPT** *anything of value* in exchange for referring or doing business, if the cost is paid for by a Federal healthcare program (e.g., Medicare, Medicaid, Tricare, etc.)

Anti-Kickback violations may be punished by:

- Criminal or civil fines and penalties
- Exclusion from Federal healthcare programs
- Imprisonment

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Healthcare Anti-Kickback Statute

- While payment of cash can certainly cause an Anti-kickback violation, it is important to know that the law can be violated if ***anything of value*** is offered or given (or requested or accepted) to induce, or in exchange for referring or conducting Federal healthcare program business.
- Atrium Health Navicent has limited what its employees can accept from vendors to assure that the law is not violated.

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The Stark Law

- The **Stark law** prohibits certain financial arrangements between *physicians* and healthcare entities (e.g., hospitals, home health agencies, DME providers, clinical labs, etc.)

- When a prohibited arrangement exists, the *physician is not allowed to refer, and the entity is not allowed to bill* for patient care services referred by the physician for Medicare beneficiaries.

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The Stark Law

- Like the Anti-Kickback Statue, payments of cash can trigger the Stark law. But (with limited exceptions) giving other things of value to a physician may also trigger the ***No Referral*** and ***No Billing*** prohibitions of Stark.
- To avoid violating the Stark Law, a financial arrangement must meet one of many ***Stark Law Exceptions***
- A ***Stark Exception*** must be met in order to:
  - Pay a physician for any service (e.g., medical director, clinical services, call coverage);
  - Lease space to or from a physician;
  - Give a gift or gratuity to a physician (there is an annual limit for "non-monetary compensation"); or
  - Otherwise give a physician or a physician's family members anything of value.

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The Stark Law:
Common Financial Arrangements with Physicians

If you are responsible for managing one or more financial arrangements with a physician, you should work with Atrium Health Navicent's Legal and Compliance Departments to assure that the arrangement meets the requirements of the applicable Stark Exception.

What you can do:

- Work with Atrium Health Navicent Legal Department to assure that a Stark Exception is met

- Physician office leases
- Medical directorships
- Call coverage arrangements
- Joint ventures
- Co-management agreements
- CME programs/CME reimbursement
- Honorariums for speaking
- Providing gifts, meals, free parking, and other items of value

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EMTALA

- EMTALA stands for Emergency Medical Treatment and Labor Act
- The act prohibits hospital emergency departments (ED) from doing any of the following, based on patients' insurance status or inability to pay:
  - Delaying care
  - Refusing treatment
  - Transferring patients to another hospital based upon inability to pay

    You cannot delay care in order to inquire about insurance status.
- The act requires hospitals to:
  - Screen & stabilize individuals who come to a dedicated emergency department requesting, or appearing to require, treatment for ***any medical condition***
  - Screen & stabilize individuals who come to other parts of the hospital requesting or appearing to require treatment for ***an emergency medical condition***

Accurate & Timely Records

Atrium Health Navicent teammates are required to report **honest and accurate information** on all paper and electronic documents and records, including:

- Time and attendance records
- Financial reports
- Expense reports
- Patient accounts and bills
- Medical records

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Your Compliance Responsibilities

As an Atrium Health Navicent teammate/Contract Employee, you are responsible for:

- Reading and acknowledging the Atrium Health Navicent Code of Conduct
- Knowing the laws and compliance policies that apply to your work with Atrium Health Navicent, and asking questions as needed to assure complete understanding
- Complying with legal, regulatory and policy requirements
- Reporting any concerns about possible non-compliance

Let's Recap

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Reporting a Compliance Violation

As an Atrium Health Navicent employee, you are required to let someone in authority know if you suspect a compliance violation has occurred.

You can meet this obligation by discussing the matter with:

- Your direct Supervisor or Manager
- Any Atrium Health Navicent Manager or Leader
- An Atrium Health Navicent Compliance Leader

Jim Rush, Chief Compliance Officer

- Phone: 478-633-2168
- Email: james.rush@atriumhealth.org

Richard Jones, AVP Compliance/Interim Privacy Officer

- Phone: 478-633-2164
- Email: richard.jones@atriumhealth.org

The **Anonymous & Confidential** Atrium Health Navicent *Compliance Helpline* at: **(888)-380-9008**

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HIPAA & HITECH Compliance: The Privacy & Security of Protected Health Information

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What is HIPAA?

Health **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996

A federal law enacted to:

- Protect the privacy of a patient's personal health information
- Provide for the physical and electronic security of personal health information
- Simplify billing and other transactions with Standardized Codes Sets and Transactions
- Specify new rights of patients to approve access/use of their medical information

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Patient Rights Under HIPAA?

- Patients have a right under the HIPAA Privacy Rule to;
  - Receive a notice of privacy practices
  - Access/and request a copy of medical records
  - Request an amendment of medical records
  - Request a restriction of disclosure of PHI
  - Request confidential communications of PHI
  - Request an accounting of disclosures

The Essential Element of HIPAA: Protected Health Information (PHI)

PHI includes:

- A patient's personal health, billing, or demographic information
- Any information, including photographic images, that makes patient identification possible
- In any format (Oral, Paper, Picture or Electronic)
- Created or housed by a covered entity (hospital, physician, health insurance payer) or a business associate of a covered entity

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PHI Identifiers

NOTE:

- PHI includes any number, character, or code that may be used to identify an individual.
- The description (even minus explicit identifiers) of any situation or event that is unique will also constitute PHI. The uniqueness of a situation or event can serve to identify individual patient(s).
- The Minimum Necessary concept should always be strongly considered.

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Assuring Privacy & Security of PHI

You Should Never

- Discuss confidential patient information in public places or with people not involved in the patient's care
- Leave medical records unattended where people can see them
- Share your passwords or post your passwords where others can find them
- Text or otherwise transmit or post confidential patient information
- Access patient information unless you are involved in treatment, payment or healthcare operations involving the patient

You Should Always

- Confirm fax numbers before faxing patient information
- Log off your computer before you leave it unattended
- Ensure that any computer or device used to store confidential patient information is encrypted
- Ensure that any records or items containing confidential patient information are properly and securely destroyed

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Minimum Necessary or “Need to Know”

- You are permitted to view and disclose PHI to others that you obtain from your job only when your job requires it to be viewed or disclosed.

- All teammates contribute to the care of the patient, but that does NOT mean everyone needs to see health information about patients.

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Notice of Privacy Practices (NPP)

- This is a document that describes how Medical Information about the patient may be used and disclosed and how the patient can get access to this information.
- Must be prominently displayed:
  - Made available through the Website
  - Provide a copy of the NPP to anyone who asks
- Details the patients' rights under the HIPAA Privacy Rule
  - Obtain Acknowledgement of Receipt of NPP
  - Document good faith effort to obtain Acknowledgement
  - Document reason for refusal if patient or responsible individual will not sign

Uses & Disclosures of PHI that do not require patient authorization

TPO situations include:

- **Treatment:** Atrium Health Navicent may use and disclose PHI to deliver care. This may take place between any of the people assigned to care for an individual who is the subject of the PHI.
- **Payment:** Atrium Health Navicent may use and disclose PHI for billing and collection of payment purposes for the delivery of care.
- **Operations:** Atrium Health Navicent may use and disclose PHI as part of its daily business practices. This helps us improve our health care services and make sure we are following all related laws.

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Social Media

- Per the Atrium Health Navicent confidentiality agreement: **Do not** discuss patient, financial, employee, or business information on social media
- Atrium Health Navicent teammates posting photos of patients on social media is **not** allowed (even if the patient says it is OK)
- Posting descriptions of situations regarding a patient's treatment or Atrium Health Navicent business issues (even devoid of explicit identifiers) is **not** allowed
- Atrium Health Navicent teammates have been disciplined for Facebook related infractions

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Taking Photos or Videos of Patients

- Teammates are **not** allowed to take photos or videos of patients. Taking a video or photo of a patient is a **HIPAA violation**.

- The only exception to this is when authorized teammates take photos or videos for medical research, marketing, or education. A written informed consent signed by the patient is required before these types of photos or videos are taken.

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Steps to Protect Patient Privacy

- Respect the patient's information the same way you would expect others to respect your personal health information.
- Close treatment room doors or use privacy curtains.
- Ensure that medical records are not left where others can see or gain access to them.
- Make sure computer screens containing PHI are not visible to others not involved with the patient.
- Do not place anything with a patient's name or identifier in the regular trash. It must be shredded. "Shred It" bins are placed throughout the hospital and offices for safe and convenient disposal of patient information.

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What is a Breach?

A breach is an event that compromises the security, privacy, or integrity of **unsecured** PHI*and includes:

- Unauthorized acquisition
- Unauthorized access
- Unauthorized use
- Unauthorized disclosure

* **Unsecured PHI** = not protected by approved encryption methods or destruction (ex: paper charts).

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A Breach of PHI after HITECH: *Notification to Patients*

- Federal law requires us to provide written notification to patients any time their PHI is used or disclosed in a manner not permitted by the HIPAA Privacy Rule.
- We are required to report all PHI breaches to the U.S. Department of **H**ealth & **H**uman **S**ervices (HHS):
  - Annually if <500 individuals are affected by a single breach event
  - Immediately if >500 individuals are affected by a single breach event:
    - Breach details get posted to the "Wall of Shame" – HHS Website
    - We must notify prominent, local media and do a press release

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Reporting Suspected Breaches

- You should immediately report all suspected PHI breaches to the Privacy Officer or the Compliance Officer.
- The Privacy Officer will conduct a full investigation.
- Determination will be made if a Breach occurred and if notification is required.
- We only have 60-days to complete the process.

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HIPAA Enforcement Actions May Directly Affect Teammates

- If you are found to be responsible for any type of a HIPAA violation that a State Attorney General believes has threatened or in some way harmed an individual who is a resident of the Attorney General's State, you can be held responsible for your actions in a civil action.

- Recent criminal HIPAA cases should also serve as a wake-up call for healthcare workers involved in nefarious activity.
  - "Employees should know that they are being monitored, and that they will get caught, that they likely will be fired ... and could be prosecuted", says privacy attorney Kirk Nahra.

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Secure Your Records!

HIPAA requires you to secure all electronic and paper documents and files containing PHI. You have a responsibility to your patients to protect their PHI.

In 2014, an $800,000 fine was charged against Parkview Health Systems, Inc. They left 71 boxes with 5,000 to 8,000 patient records on a physician's porch. This was within 20 feet of the road, and right around the corner from a heavily trafficked public shopping mall.

This is an extreme example, but the moral of the story is - ***secure those records!***

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HIPAA Prosecution for Malicious Harm and Personal Gain

Andrea Smith and her husband were indicted for violations of the HIPAA administrative simplification act, as well as conspiracy to wrongfully use and disclose protected health information. According to the indictment, at the time of offense, Smith was a licensed practical nurse working in a medical clinic located in Jonesboro, Arkansas. She accessed the protected health information of a patient of the clinic, and then shared that information with her husband. Her husband then informed the patient that he was planning to use the information in an upcoming legal proceeding against the patient.

Smith pled guilty to the charge of wrongfully disclosing protected health information for malicious harm or personal gain. In exchange, the government dismissed the conspiracy count against both of them, and also dismissed a remaining count against her husband. Smith faced a maximum penalty of ten years of imprisonment, a fine of no more than $250,000, or both, and a term of supervised release of no more than three years.

Help Us Protect Each Other

- **Do not** share your system passwords.
- **Do not** copy PHI or remove PHI from the facility without approval to do so for permitted use or disclosure.
- Secure your laptop and other mobile devices
  - Lock it in your office if you do not take with you at the end of the day
  - **Do not** leave it unattended in your vehicle
  - Password protect your mobile device
- **Do not** "snoop" in the records or other PHI of co-workers, family or friends.
- Shred all paper PHI after you have finished using the information.
- **Do not** post photos or comments about patients on social media for any reason.

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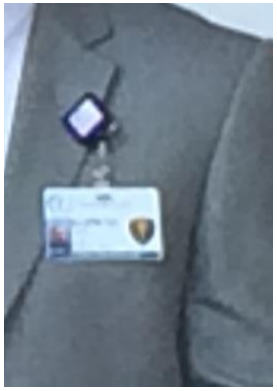
Visitor Monitoring & Identification

- All teammates should question unescorted visitors or other persons who are in restricted areas without ID.

- All workforce members **must** wear their ID badge.
  - Teammates
  - Students
  - Contractors
  - Volunteers



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Portable Devices, Email & Texting

Guidelines:

- All Atrium Health Navicent laptops containing PHI must be encrypted.
  - If you are unsure if your laptop is encrypted, contact Information Services
- Only encrypted devices should be used when accessing or storing PHI.
- Personal email accounts should not be used when dealing with PHI (ex: Hotmail, Gmail, Yahoo). Do not forward or send PHI to a personal e-mail account.
- PHI should not be transmitted via SMS (text messaging).

Phishing: What is it?

- Phishing – Cybercriminal attempts to steal personal and financial information or infect computers and other devices with malware and viruses
  - Designed to trick you into clicking a link or providing personal or financial information
  - Often appear in the form of e-mails and websites
  - May appear to come from legitimate companies, organizations, or known individuals (even supervisors, leadership, or teammates)
  - Take advantage of timely events or reporting structures

Common Phishing Tactics

- **Be suspicious of all e-mails received from external sources**
- **Notification from a help desk or system administrator**
  Asks you to take action to resolve an issue with your account (e.g., email account has reached its storage limit), which often includes clicking on a link and providing requested information.
- **Advertisement for immediate weight loss, hair growth or fitness prowess**
  Serves as a ploy to get you to click on a link that will infect your computer or mobile device with malware or viruses.
- **Attachment labeled “invoice” or “shipping order”**
  Contains malware that can infect your computer or mobile device if opened. May contain what is known as “ransomware,” a type of malware that will delete all files unless you pay a specified sum of money.
- **Notification from what appears to be a credit card company**
  Indicates someone has made an unauthorized transaction on your account. If you click the link to log in to verify the transaction, your username and password are collected by the scammer.
- **Fake account on a social media site**
  Mimics a legitimate person, business or organization. May also appear in the form of an online game, quiz or survey designed to collect information from your account.

Protect Yourself: Refuse the Bait

- Do not click on suspicious hyperlinks in e-mails
- Examine websites closely
- Be wary of messages asking for passwords or other personal information
- Confirm the identity of requestors before sending sensitive information
  - Verify by contacting the company or individual, but do not use the contact information included in the message

Report Phishing Activities

- If you receive a phishing message or suspect phishing activity report it immediately
  - Do not click on anything within the email.
  - Use the “Squish” the Phish button located in the top toolbar of Outlook
- If you have clicked on a link or followed any instructions in an email that seem suspicious:
  - Call 3-7272 and report the email and link
  - Reset your password

Reporting HIPAA Violations

- Report known or suspected HIPAA violations to the Privacy Officer or to the Compliance Officer.
  - It is part of your job to report instances where you suspect policies are being broken.

- You may report anonymously, if you wish.
  - **You will not be retaliated against if you make a good faith report of a privacy violation, even if you were mistaken.**
  - **Hotline is manned and managed by a third-party vendor.**
  - 24/7 Compliance Helpline **1-888-380-9008**

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Compliance Contact Information

- **Compliance Helpline: 633-7736 or 1-888-380-9008**
  - **Anonymous and Confidential**
- **Jim Rush, Chief Compliance Officer**
  - Phone: 478-633-2168
  - Email: james.rush@atriumhealth.org
- **Richard Jones, AVP Compliance/Interim Privacy Officer**
  - Phone: 478-633-2164
  - Email: richard.jones@atriumhealth.org
- **Wesley Hardy, Compliance Business Analyst**
  - Phone: 478-633-1650
  - Email: wesley.hardy@atriumhealth.org

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Click the link below and complete the Annual Compliance & HIPAA Training Post-Test

http://ahnlearning.atriumhealth.org/iota/test-Annual-Compliance-Training.asp

When the test is successfully completed, you will be prompted to enter information to record your results.

Once you have entered all required information, please make sure to click the "Record Me" button to record your completion, otherwise, you will be marked as delinquent.

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